

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101578,003

FILING DATE

5-3-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
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18		1				
19	1					
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23	1					
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25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
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40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49	1					
50	1					
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54						
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96						
97						
98						
99						
100						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	44	←		←		←
TOTAL CLAIMS	53					